

AUTOPSY REPORT

Case Number:

October 4, 2017

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF



FINAL ANATOMIC DIAGNOSES

- I. Penetrating gunshot wound of the head.
 - Entrance wound: left parietal scalp. Α.
 - The path of the missile is (anatomic position): left-В. to-right, back-to-front, and downward.
 - deformed copper jacket and lead fragment Recovered: C. projectile.

SUMMARY AND INTERPRETATION

This year-old	female,		, died as a
result of a gunshot	wound of the he	ead. The projec	ctile entered
the left parietal scal	lp and passed th	rough the left	parietal and
right frontal lobes of	the brain. Wit	th the informat	ion available
to me at this time,	the manner of	death, in my	opinion, is
homicide.			

CAUSE OF DEATH: Gunshot wound of the head.

MANNER OF DEATH:

HOMICIDE.

CIRCUMSTANCES OF DEATH: The decedent was shot during a mass fatality incident.

JH/kra/ag

DATE:



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POSTMORTEM EXAMINATION ON THE BODY OF

DATE AND TIME OF DEATH: October 2, 2017 at 0545 hours.

DATE AND TIME OF AUTOPSY: October 4, 2017 at 0255 hours.

FORENSIC PATHOLOGIST: Jerry J. Hodge, D.O.

CLOTHING AND PERSONAL EFFECTS

The body is received unclad. Accompanying the decedent is a pair of jean shorts, white shirt, gray socks, white bra, and black underwear.

EVIDENCE OF MEDICAL INTERVENTION

There is no evidence of medical intervention on the body at the time of autopsy.

EXTERNAL EXAMINATION

The unembalmed body is that of an adult female with a weight of 117 pounds and a body length of 67 inches. Rigor mortis is fixed and symmetric in all extremities. Livor mortis is fixed in the posterior aspect of the body, except in areas exposed to pressure. The body temperature is cool to touch.

The scalp hair is dark brown in color and measures 12-14 inches in length. The irides are hazel. The teeth are natural and in good repair. Each earlobe is pierced once. Evidence of trauma to the head will be described below in the Evidence of Injury section.



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The thorax is symmetrical and normally developed. The abdomen is flat. The external genitalia are those of an adult female. There is no evidence of trauma to the torso or to the urogenital area.

The upper extremities are normally developed and symmetrical with no clubbing or edema. The hands and fingers show no evidence of trauma. The fingernails are intact. The lower extremities are normally developed and symmetrical with no edema. There is a Clark County Office of the Coroner/Medical Examiner (CCOCME) identification band on the right great toe.

The posterior aspects of the torso are symmetrical and devoid of acute injury pattern. The anus is unremarkable.

The decedent has a single tattoo in the mid low back. 2 inch well-healed surgical scars underlie each breast consistent with breast implant surgery. No other identifying body marks are noted.

EVIDENCE OF TRAUMA

GUNSHOT WOUND OF THE HEAD:

In the left parietal scalp 3/4 inches below the top of the head and 1-3/4 inches left of the midline is a 1/8 x 1/8 inch gunshot entrance wound with an eccentric 1/8 inch abrasion ring at the lateral margin (6 to 12 o'clock position). The scalp is reflected revealing diffuse subgaleal hemorrhages of the scalp. A 3/8 x 1/4 inch oval skull defect with internal beveling underlies the scalp entrance wound. The skull wound is surrounded by displaced fractures of the parietal skull with linear displaced fractures extending anteriorly to the frontal skull. Removal of the calvarium reveals diffuse subarachnoid hemorrhages of the brain. The projectile enters the superior aspect of the left parietal lobe, courses through the lobe before entering and perforating the right frontal lobe. Diffuse



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cortical contusions are demonstrated along the wound track. A $5/16 \times 1/4$ inch deformed copper jacket and a $3/8 \times 1/4$ inch deformed lead fragment are recovered underlying the dura mater of the right frontal lobe. The path of the missile is (anatomic position): left-to-right, back-to-front and downward.

A $1/2 \times 1/4$ inch contused abrasion is above the lateral aspect of the right eyebrow and a $1/2 \times 3/8$ inch contused abrasion located on the nasal bridge. These contusions are likely a consequence of terminal collapse.

INTERNAL EXAMINATION

NERVOUS SYSTEM:

Injuries to the scalp, skull and brain have been described and will not be repeated. Aside from the injuries, the 1210-gram brain displays good preservation of cerebral symmetry without flattening of gyri or widening of sulci. Convolutional patterns remain intact. External landmarks are readily identified. There is no evidence of herniation or either diffuse or localized swelling. The cerebral vessels are intact with no evidence of aneurysm or thrombosis. Atherosclerotic changes are not demonstrated.

TOXICOLOGY SPECIMENS

Samples of vitreous fluid and urine are collected. Urine toxicology is positive for ethanol. No illicit drugs are detected.

MICROSCOPIC DESCRIPTION

Representative sections of brain tissue are retained in formalin without preparation of glass slides.



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ADDITIONAL PROCEDURES

Photographic and radiographic images, fingerprints, and a DNA card are obtained at the time of autopsy. Review of postmortem radiographs shows fractures of the skull as described grossly. Projectile fragments are visualized as grossly and recovered at autopsy. Radiographs of the chest, abdomen, and pelvis show no evidence of skeletal injuries or abnormalities.